

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10/670787</div>		Filing Date			
							Applicant(s)					
09-17-87							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep			2			
Total Depend			5			
Total Claims			7			